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FILED
AUG 28 2007

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CW
(PR)

Dear Clerk,

RICHARD W. WIEKING
CLERK U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Petitioner previously filed a mixed petition with this court 5/18/07 and it was dismissed with leave to amend 5/24/07. Petitioner had two pending cases, S150880 filed 3/12/07 and S151947 filed 4/19/07.

5/7/07 during a Unit Classification Hearing Petitioner physically made committee members aware of his medical chrono which states, "Cell Housing Due To Medical Condition."

E-filing

6/7/07 Petitioner made his counselor CCI Nunkey aware of the same medical chrono and that a mistake had been made by Classification Staff Representative Jaramillo in Endorsing Petitioner's transfer to Avenal State Prison, where no "cell housing" exists.

6/11/07 Counselor Nunkey explained to Petitioner that a "mistake had been made and that he'd have to go back in front of "Committee" after she spoke with his previous counselor at West Facility."

6/12/07 Petitioner, after being instructed to turn in his property for transfer, asked counselor Nunkey about a new Committee hearing. She stated, "I talked to Covington. He said, you'll have to appeal it."

6/13/07 I was transferred to Avenal State Prison. Upon arrival was given the choice of a) violating doctors orders which would put me at greater risk of permanent paralysis or b) be cell housed in Administrative Segregation, the only cell housing available at Avenal State Prison. I chose the latter.

2

Petitioner has been housed in Administrative Segregation from 6/13/07 - present. Petitioner requested his legal papers prior to his 7/18/07 filing deadline and didn't receive them until 7/25/07. Petitioner has filed an inmate appeal concerning his late reception of legal papers prohibiting his access to courts.

Petitioner has also attempted to file an immediate inmate appeal with regards to his improper transfer location prior to his transfer on 6/13/07. CDCR Staff has asked Petitioner to produce various documents to pursue his appeals and yet when Petitioner requests said documents CDCR Staff is reluctant to provide them.

Petitioner has just received his Certified Trust Account Statement on 8/22/07 and will be mailing his federal writ application, request for counsel, and attachment today.

The exhausted portion (Ground 7) of Petitioner's previously filed writ was prepared by his appellate attorney Candace Hale of the Sixth District Appellate Program.

Petitioner hopes the court will allow Equitable Tolling due to the aforementioned circumstances which stood in Petitioner's way.

Thanks for your consideration, Jeff Hancock

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE 6/7/07	TO CCI Nunley	FROM (LAST NAME) HARRICK	CDC NUMBER V-49474
HOUSING CQUAN	BED NUMBER 5194	WORK ASSIGNMENT MULTI	JOB NUMBER FROM --- TO ---
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.) ---			ASSIGNMENT HOURS FROM --- TO ---

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

On 5/30/07 I was endorsed to ASP-II by E. Jaramillo, CSR who stated: "DNM does not impact placement." On 5/7/07 I showed classification members my CDC Medical Chart that state "I should be

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY

DATE

DISPOSITION

cell transfer due to my medical condition." Vacaville was choice #1 and Suisun #2. This obviously impacts my placement along with the prisons already listed on my CDC 1345

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE 8/7/07	TO Trust Office	FROM (LAST NAME) Hancock	CDC NUMBER V-49474
HOUSING 140	BED NUMBER 103L	WORK ASSIGNMENT MUTD A/A Ad Sec	JOB NUMBER FROM — TO —
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.) Ad Sec, Thank You			ASSIGNMENT HOURS FROM — TO —

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

Can I please have a copy of a Certified Trust Account Statement for the past 6 months in order to file a Federal writ for Habeas Corpus. I am in Ad-Sec. I think CCI Martinez is my contact.

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY

DATE

DISPOSITION

Lt. Richards will probably accept it as well

CALIFORNIA MEN'S COLONY

BASED ON THIS INMATE'S

- ☐ acute *medical* condition
☒ chronic *medical* condition
☐ temporary impairment or disability
☒ permanent impairment or disability

- ☐ acute *mental health* condition
☐ chronic *mental health* condition

☐ see 1845 (if applicable)**CMC's MEDICAL DEPARTMENT RECOMMENDS****ACTIVITY RESTRICTIONS:**movement / position

- ☒ no prolonged standing (not longer than 5 minutes every minutes)
☐ no prolonged sitting (not longer than minutes every minutes)
☒ no climbing
☒ no bending, stooping, or twisting
☒ no lifting over 10 pounds
☒ no crawling
☒ no prolonged walking (not more than 100 feet without resting)
☒ no use of [R / L / both] arm(s)
☐ no repetitive use of [R / L / both] [hands / arms]
☐ restricted use of [R / L / both] arm(s) Restrictions:
☒ no weight bearing [R / L] leg
☐ limited weight bearing [R / L] leg
☐ [R / L] leg / foot must be elevated as much as possible
☐ physical condition requires frequent rest periods in cell throughout day
☐ other pt should be unrestricted

environment

- ☒ may not work around heat
☒ may not work around or use machinery
☒ may not work at heights
☒ lower bunk housing recommended
☐ other
- ☐ may not work with hands in water
☐ may not work outdoors
☐ may not work in dusty areas

DURATION

- TEMPORARY** (less than 6 months) **OR** **PERMANENT** (6 months or more)
☐ days (more than 3 days)
☐ weeks
☐ months
☐ months
☐ one-year
☒ permanent

Upon expiration of this chrono the patient's status will revert to unrestricted, eligible for work unless the patient returns to the medical clinic for further evaluation and possible extension.

9/7/06
 date signed

9/7/06
 start date (if different)

INMATE ISSUED 2 COPIES

9/10/06 BY
 date initials

ordering physician signature

CMC

Cc: Central File
 Unit Health Record
 Inmate Assignment LT
 CC II, CC I

INMATE NAME:

CDC NUMBER:

DOB:

HOUSING:

MEDICAL

Duty Limitation

CMC-MED-505 (3/02)

CDC 128 C

INMATE/PAROLEE

Location: Institution/Parole Region

Log No.

Category

APPEAL FORM

CDC 602 (12/87)

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
HANCOCK	V 49474	Ad Sec MUTD	410 1036

A. Describe Problem:

On 7/13/07 I requested legal papers from Property c/o Adny in Ad Sec. The reason for the request was so I could properly prepare to reply to a pending ADA appeal. On 7/17/07 c/o Adny handed my request back to me stating, "I can't find your property." I was forced to file an ill-prepared ADA response to Sacramento. I have two pending Calif. Supreme Court cases, and an I.C.C. hearing dealing with medical issues. The ADA appeal has severely been compromised. (see attachment)

B. Action Requested:

I'd like a written acknowledgment by staff that I've not been able to obtain my legal information in my property nor go to the law library since 4/13/07. I'd like financial compensation for any harm this incident causes my pending appeals.

Inmate/Parolee Signature: Jeff HancockDate Submitted: 7/17/07C. INFORMAL LEVEL (Date Received: 7/17/07)

Staff Response: _____

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim



I arrived at RCT on 6/13/07. My property was behind the Flood Recorder on 6/13/07, the day I arrived.

My 14th Amendment Due Process rights have been violated by not being able to access my property in order to properly pursue my ongoing legal issues. My California Superior Court cases are linked to my Direct Appeal of my criminal conviction. Under the 1st Amendment "Access to Courts," this right is also being violated.

To reiterate:

- 1) My court cases are pending
- 2) My I.C.C. is pending
- 3) My ADA appeal is pending
- 4) My Medical Evaluation is pending

Arrival date 6/13/07

140-103L

Jeff Hancock
V-49474

STATE OF CALIFORNIA
ADMINISTRATIVE SEGREGATION UNIT PLACEMENT NOTICE
CDC 114-D (Rev 10/98)

DEPARTMENT OF CORRECTIONS

DISTRIBUTION:
WHITE - CENTRAL FILE
BLUE - INMATE (2ND COPY)
GREEN - ASUCANARY - WARDEN
PINK - HEALTH CARE MGR
GOLDENROD - INMATE (1ST COPY)

INMATE'S NAME

HANCOCK, JEFF

(W)

140-2-21L

CDC NUMBER

V-49474

REASON(S) FOR PLACEMENT (PART A)

- ☒ PRESENTS AN IMMEDIATE THREAT TO THE SAFETY OF SELF OR OTHERS
☐ JEOPARDIZES INTEGRITY OF AN INVESTIGATION OF ALLEGED SERIOUS MISCONDUCT OR CRIMINAL ACTIVITY
☒ ENDANGERS INSTITUTION SECURITY ☐ UPON RELEASE FROM SEGREGATION, NO BED AVAILABLE IN GENERAL POPULATION

DESCRIPTION OF CIRCUMSTANCES WHICH SUPPORT THE REASON(S) FOR PLACEMENT: On Wednesday, June 13, 2007, you, Inmate HANCOCK V-49474, arrived at Avenal State Prison from CMC-E State Prison via CDC Bus Transportation Schedule "J". HANCOCK has a Tabe Score of (11.5). Lt. I.C. Aviles reviewed your G-File and determined that housing you in ASP's Dorm Setting would be in conflict with a Medical Chrono dated 09/22/06. Therefore, you are deemed a threat to the safety and security of the institution, its staff and inmates. You are being housed in Ad-Seg pending ICC/UCC review. Effective communication was established by having subject read aloud circumstances portion of the lock up order. Subject states that he understands his placement in Ad-Seg. Subject IS NOT a participant in the mental health services Delivery System at the CCMS level of care.

☐ CONTINUED ON ATTACHED PAGE (CHECK IF ADDITIONAL) ☐ IF CONFIDENTIAL INFORMATION USED, DATE OF DISCLOSURE: / /

DATE OF ASU PLACEMENT 06/13/07	SEGREGATION AUTHORITY'S PRINTED NAME I.C. AVILES	SIGNATURE <i>I.C. Aviles</i>	TITLE LIEUTENANT
DATE NOTICE SERVED 06/13/07	TIME SERVED 1905	PRINTED NAME OF STAFF SERVING ASU PLACEMENT NOTICE S. GARRIGAN	SIGNATURE <i>S. Garrigan</i>
<input type="checkbox"/> INMATE REFUSED TO SIGN		INMATE SIGNATURE <i>X [Signature]</i>	CDC NUMBER <i>X V-49474</i>

ADMINISTRATIVE REVIEW (PART B)
The following to be completed during the initial administrative review by Captain or higher by the first working day following placement

STAFF ASSISTANT (SA)		INVESTIGATIVE EMPLOYEE (IE)	
STAFF ASSISTANT NAME	TITLE	INVESTIGATIVE EMPLOYEE'S NAME	TITLE
IS THIS INMATE:			
LITERATE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	EVIDENCE COLLECTION BY IE UNNECESSARY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
FLUENT IN ENGLISH?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DECLINED ANY INVESTIGATIVE EMPLOYEE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
ABLE TO COMPREHEND ISSUES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ASU PLACEMENT IS FOR DISCIPLINARY REASONS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FREE OF MENTAL HEALTH SERVICES DELIVERY SYSTEM NEEDS?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DECLINED 1ST INVESTIGATIVE EMPLOYEE ASSIGNED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DECLINING FIRST STAFF ASSISTANT ASSIGNED?	<input type="checkbox"/> YES		
<input checked="" type="checkbox"/> NOT ASSIGNED		<input checked="" type="checkbox"/> NOT ASSIGNED	
Any "NO" requires SA assignment		Any "NO" may require IE assignment	

INMATE WAIVERS

- ☐ INMATE WAIVES OR DECLINES INTERVIEW WITH ADMINISTRATIVE REVIEWER ☐ INMATE WAIVES RIGHT TO 72 HOURS PREPARATION TIME
☒ NO WITNESSES REQUESTED BY INMATE

INMATE SIGNATURE

DATE

WITNESSES REQUESTED FOR HEARING

WITNESS NAME	TITLE/CDC NUMBER	WITNESS NAME	TITLE/CDC NUMBER
WITNESS NAME	TITLE/CDC NUMBER	WITNESS NAME	TITLE/CDC NUMBER

DECISION: ☐ RELEASE TO UNIT/FACILITY ☒ RETAIN PENDING ICC REVIEW ☒ DOUBLE CELL ☐ SINGLE CELL PENDING ICC

REASON FOR DECISION:

This housing gets require ICC review

ADMINISTRATIVE REVIEWER'S PRINTED NAME <i>[Signature]</i>	TITLE FC	DATE OF REVIEW 6/15/07	TIME 1505	ADMINISTRATIVE REVIEWER'S SIGNATURE <i>[Signature]</i>
CORRECTIONAL ADMINISTRATOR'S PRINTED NAME (if necessary)		CORRECTIONAL ADMINISTRATOR'S SIGNATURE (if necessary)		DATE OF REVIEW

DISTRIBUTION: Original: Sending Institution/Facility; Canary: Transportation Officer; Pink: Enroute Transportation Officer; Goldenrod: Receiving Institution/Facility